FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048470 (5)

INFOTECH BUSINESS SOLUTIONS, INC.

Poncinal Piace	e of Business	Mailing Address				
Principal Prace of Business Mailing Address 6516 N.W. 99 LANE PARKLAND FL 33067 PARKLAND FL 33076-2340			1 .			
				3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last F	Report
Principal Pr	lace of Business	2a. Mailing Address		4. FEI Number		pplied For
<u></u>		26		65-0592435		ot A pplicabl
Suite, Apt		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	Fee R	Additional equired
City & State	0	City & State		6. Election Campaign Financing		May Be
	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for it		to Fees
]	25	29	30		Yes No	s. 199.U3Z,
L		Current Registered Agent	1201	10. Name and Address of New Re	<u> </u>	
NO/	/IK, MARC		81 Name			
	6 N.W. 99 LANE		82 Street Add	iress (P.O. Box Number is Not Acceptab	ıle)	
	KLAND FL 33067					
			83			
			84 City	Control of the contro	85 Zip	Code
				rporation submits this statement for the p		
agent La	egistered agent, or both, in th m familiar with, and accept th	o ornigenions on position sorridoos, (· ·		
IGNATUHE	Sign done, typed or printed havne of regi		TE: Registered Agent signature requ	•	DATE CERS AND DIRECTOR	RS IN 12
IGNATUHE	Sign done, typed or printed havne of regi	stered agent and title if applicable (NO	TE: Registered Agent signature requ	ulred when reinstaling)		
IGNATUHE 2. Ile	Sign dure. Upped or ji oliet beene of risgi OF FICE	sterred agent and title of applicable (NO	TE: Registered Agent signature requ	ulred when reinstaling)	ERS AND DIRECTOR	
IGNATUHE 2. ILE WE	Sign zone. Typed or protect name of region of FICE	sterred agent and title of applicable (NO	TE: Registered Agent signature requirements 13. 1.1 TITLE	ulred when reinstaling)	ERS AND DIRECTOR	
IGNATUHE 2. THE WE REEL ADDRESS	Sign dure Typed or protest name of rigin OFFICE D NOVIK, MARC	otered agent and tills of applicable (NO) HS AND DIRECTORS DELETE	TE: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ulred when reinstaling)	ERS AND DIRECTO	Additi
IGNATURE 2. ILE WE REEL ADDRESS ITY-ST-7IP ILE	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	sterred agent and title of applicable (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ulred when reinstaling)	ERS AND DIRECTOR	Additi
IGNATUHE 2. ILF WE RELLADORESS IY-S1-7IP ILF MME	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	otered agent and tills of applicable (NO) HS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ulred when reinstaling)	ERS AND DIRECTO	Additi
CONATURE 2. ILF WE BEEL ADERSS IY-SY-7IP REFLAMME BEEL ADDRESS	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	otered agent and tills of applicable (NO) HS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ulred when reinstaling)	ERS AND DIRECTO	Additi
IGNATURE 2. ILE IME IRELI ADDRESS ITY - ST- 7 IP ILE IMME IRELI ADDRESS ITY - ST- 7 IP	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the if applicable (NO) RS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ulred when reinstaling)	ERS AND DIRECTOR Change	Additi
IGNATUHE 2. ILE WE IBEEL ADDERSS ITY-ST-ZIP ILE AME IBEEL ADDERSS ITY-ST-ZIP ILE	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	otered agent and tills of applicable (NO) HS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	ulred when reinstaling)	ERS AND DIRECTO	Additi
IGNATURE 2. ILE WE BREEL ADDRESS IT: ST-7IP TUE MME HEEL ATORESS IY: ST-7IP ILE MME HEEL ATORESS	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the if applicable (NO) RS AND DIRECTORS DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ulred when reinstaling)	ERS AND DIRECTOR Change	Additi
IGNATUHE 2. ILE WE BREEL ADDRESS LY - ST - 7/P LE AME HEEL ADDRESS DY - ST - 7/P LE MR BREEL ADDRESS DY - ST - 7/P LE MR BREEL ADDRESS	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the if applicable (NO) RS AND DIRECTORS DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ulred when reinstaling)	ERS AND DIRECTOR Change	Additi
IGNATUHE 2. ILE WE BREELADDRESS ITY-ST-ZIP ILE AMME HEELADDRESS ITY-ST-ZIP ILE MME HEELADDRESS ITY-ST-ZIP ILE MME HEELADDRESS ITY-ST-ZIP	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the displicable (NO) RS AND DIRECTORS DELETE DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ulred when reinstaling)	ERS AND DIRECTOR Change	Additi
IGNAT OFFE 2. ILE ME IREET ADDRESS ITY - ST - ZIP ILE AME IREET ADDRESS INY - ST - ZIP ILE MR IREET ADDRESS INY - ST - ZIP ILE IREET ADDRESS INY - ST - ZIP ILE	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the if applicable (NO) RS AND DIRECTORS DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ulred when reinstaling)	CHANGE Change	Additi
IGNAT OFFE 2. ILLE AME IRLET ADDRESS ILLE AME ILLE ILLE AME ILLE ILLE AME ILLE AME ILLE ILLE AME ILLE ILLE AME	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the displicable (NO) RS AND DIRECTORS DELETE DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ulred when reinstaling)	CHANGE Change	Additi
IGNAT OFFE 2. ILE AME IREET ADDRESS LY - ST - ZIP ILE AME IREET ATORESS INY - ST - ZIP ILE AME INEE : ALORESS ILY - ST - ZIP ILE AME IREE : ALORESS ILY - ST - ZIP ILE AME IREE : ALORESS ILY - ST - ZIP ILE AME IREE : ADDRESS IREE : ADDRESS IREE : ADDRESS	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the displicable (NO) RS AND DIRECTORS DELETE DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ulred when reinstaling)	CHANGE Change	Additi
IGNAT OFFE 2. INTERPORT OF THE FOREST OFFE INTERPORT OFFE	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	Stered agent and the displicable (NO) RS AND DIRECTORS DELETE DELETE	TE. Registered Agent signature required. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ulred when reinstaling)	CHANGE Change	Additi
IGNATOHE 2. ILLE AME IREEL ADDRESS ILLY ST-ZIP ILLE AME ILLE ILLE AME ILLE	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	RS AND DIRECTORS DELETE DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 TITLE 4.7 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ulred when reinstaling)	Change Change	Additi
IGNATOHE 2. ILLE AME IREEL ADDRESS ELY ST-ZIP ILLE AME ILLE ILLE AME ILLE ILLE AME ILLE	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	RS AND DIRECTORS DELETE DELETE	TE Propistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ulred when reinstaling)	Change Change	Additi
IGNATOHE 2. INTE ME IREET ADDRESS STYST ZIP ILE AME IREET ADORESS INY ST-ZIP ILE AME IREET ADORESS INTERNATIONALITY I	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	DELETE DELETE DELETE DELETE	TE. Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ulred when reinstaling)	Change Change Change	Additi
SIGNAT OFFE 2. HUF MME HREEL ADDRESS HY ST-ZIP HUE AME HEEL ADDRESS HY ST-ZIP HUE AME HEEL ADDRESS HY ST-ZIP HUE AME HUELL ADDRESS HY ST-ZIP HUELL HUELL ADDRESS HY ST-ZIP	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	RS AND DIRECTORS DELETE DELETE	TE Propistered Agent signature required to the signature required to t	ulred when reinstaling)	Change Change	Additi
SIGNATURE 2. ITTE AME IREET ADDRESS STY ST-ZIP ITTE IAME I	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	DELETE DELETE DELETE DELETE	TE. Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ulred when reinstaling)	Change Change Change	Addition Addition Addition Addition
agent Taising The Tables Signature Fame Signature Fame Fame Fame Fame Fame Fame Fame Fam	Sign care liqued or protect brane of rigin OFFICE D NOVIK, MARC 6516 N.W. 99 LANE	DELETE DELETE DELETE DELETE	TE Propistered Agent signature required to the signature required to t	ulred when reinstaling)	Change Change Change	Addition Addition Addition Addition Addition